

FACSIMILE TRANSMITTAL FORM	Application Number	10/823136	RECEIVED CENTRAL FAX CENTER JUL 21 2005
	Filing Date	April 13, 2004	
	First Named Inventor	O'Gary, Lucas M.	
	Art Unit	1755	
	Examiner Name	Michael A. Marcheschi	
Fax: 571-273-8300	Attorney Docket Number	59095US002	
Total Number of Pages in This Submission: 8			
Date: July 21, 2005		Attorney for Applicant: Daniel D. Biesterveld	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Amendment Transmittal	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosures:
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts under 35 USC 371 in US Designated/ Elected Office (DO/EQ/US)	<input type="checkbox"/> Request for Refund <input type="checkbox"/> Request for Continued Examination (RCE) Transmittal	
<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Communication to Technology Center	
REMARKS:		

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION
MAY CONTAIN CONFIDENTIAL OR LEGALLY PRIVILEGED INFORMATION
INTENDED ONLY FOR THE PERSON OR ENTITY NAMED BELOW.

If you are not the intended recipient, please do not read, use, disclose, distribute or copy this transmission.
If this transmission was received in error, please immediately notify me by telephone directly at (651) 737-3193 or 651-733-1500, and we will arrange for its return at no cost to you.

**RECEIVED
CENTRAL FAX CENTER****32692**

Customer Number

JUL 21 2005

Patent
Case No.: 59095US002**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

First Named Inventor: O'GARY, LUCAS M.

Application No.: 10/823136

Group Art Unit: 1755

Filed: April 13, 2004

Examiner: Michael A. Marcheschi

Title: NONWOVEN ABRASIVE ARTICLES AND METHODS

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENTMail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]**

I hereby certify that this correspondence is being:

- ☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
- ☒ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.

July 21, 2005
Date

Signed by: Kathleen M. Sandvig

Dear Sir:

Pursuant to 37 CFR §§ 1.56, 1.97, and 1.98, enclosed is a completed Form PTO-1449, citing references submitted for consideration by the Examiner. It is respectfully requested that the Examiner initial and return the enclosed Form PTO-1449 to indicate that each reference has been considered.

Copies of any cited foreign patents, foreign publications, non-patent literature documents, and any pending U.S. applications filed before June 30, 2003, are enclosed. Copies of any pending U.S. applications filed after June 30, 2003 that can be accessed on the USPTO's IFW system are not enclosed as per USPTO Waiver dated September 21, 2004. Copies of any U.S. patents and published U.S. patent applications are not enclosed.

Under 37 CFR § 1.97(e)(1), I hereby certify that each item of information contained in this Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three (3) months prior to the filing of this Information Disclosure Statement.

Under 37 CFR § 1.704(d), I hereby state that each item of information contained in this Information Disclosure Statement was first cited in a communication from a foreign patent office in a counterpart application and that this communication was not received by any individual

Application No.: 10/823136Case No.: 59095US002

designated in 37 CFR § 1.56(c) more than thirty (30) days prior to the filing of this Information Disclosure Statement.

A copy of the Search Report from a foreign counterpart application is enclosed.

It is believed that no fee is due; however, in the event a fee is required, please charge the fee to Deposit Account No. 13-3723.

Respectfully submitted,

July 20, 2005
Date

By: 

Daniel D. Biesterveld, Reg. No.: 45,898
Telephone No.: (651) 737-3193

Office of Intellectual Property Counsel
3M Innovative Properties Company
Facsimile No.: 651-736-3833

Substitute for form 1449A/PTO (modified) INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary) Page 1 of 1	Application Number	10/823136
	Filing Date	April 13, 2004
	First Named Inventor	O'Gary, Lucas M.
	Art Unit	1755
	Examiner Name	Michael A. Marcheschi
	Attorney Case Number	59095US002

U.S. Patent Documents						
Exam. Init.*	Cite No.	Document Number		Publication Date or Issue Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Doc. Number-(Kind Code if Known)				
	A1	US- 5,674,122		10-07-1997	Krech	
	A2	US- 6,371,842 B1		04-16-2002	Romero	
	A3	US-				

Foreign Patent Documents							
Exam. Init.*	Cite No.	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Translation (Check if yes)
		Ctry. Code	Number-Kind Code (if known)				
	B1						

OTHER DOCUMENTS			
Exam. Init.*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	Translation (Check if yes)
	C1		

*Examiner:	Date Considered:
EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.	